

<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. HALBI 3.3-002		
Application No. 10/584,677-Conf. #4999	Filing Date April 18, 2007	Examiner L. T. Hinze	Art Unit 2854		
Applicant(s): Åke Bööse and Fredrik Irlén					
Invention: DOCTOR BLADE SYSTEM, DOCTOR BLADE CLAMPING DEVICE, CHAMBERED DOCTOR BLADE SYSTEM, PRINTING UNIT, METHOD FOR CLAMPING A DOCTOR BLADE, AND METHOD FOR ATTACHING A CLAMPING PORTION OR A CHAMBERED					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	35	- 35 =	0	x 52.00	0.00
<b>Independent Claims</b>	5	- 5 =	0	x 220.00	0.00
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b>					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
/Arnold H. Krumholz/ Arnold H. Krumholz Attorney/Agent Reg. No.: 25,428  LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6304			Dated: <u>June 21, 2010</u>		
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).  Dated: June 21, 2010 <span style="float: right;">Electronic Signature for Arnold H. Krumholz: /Arnold H. Krumholz/</span>					